

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH THE INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHAName: Housing Authority of Liberty

PHANumber: KY073

PHA Fiscal Year Beginning: 07/01/2002

PHA Plan Contact Information:

Name: John C. Byrd

Phone: 606 -787-7821

TDD: 1-800-247-2510

Email: kyo73@kih.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan
Fiscal Year 20 01
 [24CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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 - B. Statement of Consistency with Consolidated Plan
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ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan
No Statement

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

No Changes

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$144,441.00.

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meetings specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are attached at Attachment (Filename) _____
3. In what manner did the PHA address those comments? (select all that apply)
 - ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
 - ☐ Yes ☐ No: below or
 - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
 - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
 - ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: Commonwealth of Kentucky

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: By striving to provide housing for low income persons.

C. Criteria for Substantial Deviation and Significant Amendments**1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Substantial Deviation is defined as a discretionary change in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

B. Significant Amendment or Modification to the Annual Plan:

Substantial Amendment or Modification is defined as a discretionary change in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the

Board of Commissioners.

Attachment A:

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents: Community Service Requirements Policy	Annual Plan: Community Service Requirements

Annual Statement/Performance and Evaluation Report ATTACHMENT "G"					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: HOUSING AUTHORITY OF LIBERTY		Grant Type and Number Capital Fund Program Grant No: 501-00 Revision 1 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,000.00	2,000.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000.00	31,600.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	0.00	60,000.00	0.00	0.00
10	1460 Dwelling Structures	134,568.00	47,968.00	0.00	0.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	141,568.00	141,568.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

Annual Statement/Performance and Evaluation Report ATTACHMENT "G"					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: HOUSING AUTHORITY OF LIBERTY		Grant Type and Number Capital Fund Program Grant No: 501-00 Revision 1 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report ATTACHMENT "G" Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: HOUSING AUTHORITY OF LIBERTY		Grant Type and Number Capital Fund Program Grant No: 501-00 Revision 1 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWIDE	ADMIN-ADVERTISING	1410		2,000.00	2,000.00	00.00	0.00	
	A&E FEES	1430		5,000.00	31,600.00	00.00	0.00	ALL
	SUBTOTAL			7,000.00	33,600.00	00.00	0.00	FUNDS
								TO BE
CARMICKLE								OBLIGATED
KY73-01	ELECTRICAL UPGRADE	1450	SITEWIDE	0.00	60,000.00	0.00	0.00	BY
KY73-01	UP-GRADE BATHROOMS	1460	32	74,568.00	0.00	0.00	0.00	09/30/2002
KY73-01	UP-GRADE ELECTRICAL	1460	32	0.00	40,000.00	0.00	0.00	
	SUBTOTAL			74,568.00	100,000.00	0.00	0.00	
RIVERDALE								
KY73-03	FURNACE REPLACEMENT - 1BR	1460	28	60,000.00	7,968.00	0.00	0.00	
	SUBTOTAL			60,000.00	7,968.00	0.00	0.00	
	TOTAL			141,568.00	141,568.00	00.00	0.00	

Annual Statement/Performance and Evaluation Report ATTACHMENT "G"
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName : HOUSING AUTHORITY OF LIBERY			Grant Type and Number Capital Fund Program No: 501-00 Revision 1 Replacement Housing Factor No:			Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HAWIDE	06/30/2002	09/30/2002		06/30/2003			Three CFPs will be combined into one contract document. This will allow for lower administrative and construction costs as well as lessen inconvenience to residents. Obligation date has been revised to allow for consolidation of CFP 501-00, 01 & 02.
							No change to the expended date
CARMICLE							
KY73-01	06/30/2002	09/30/2002		06/30/2003			
RIVERDALE							
KY73-03	06/30/2002	09/30/2002		06/30/2003			

Annual Statement/Performance and Evaluation Report ATTACHMENT "G"					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: HOUSING AUTHORITY OF LIBERTY		Grant Type and Number			Federal FY of Grant: 2001
		Capital Fund Program Grant No: 501-01 Revision 1			
		Replacement Housing Factor Grant No:			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	500.00	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,500.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	131,441.00	144,441.00	0.00	0.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000.00	0.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	144,441.00	144,441.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

Annual Statement/Performance and Evaluation Report ATTACHMENT "G"					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: HOUSING AUTHORITY OF LIBERTY		Grant Type and Number Capital Fund Program Grant No: 501-01 Revision 1 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	131,441.00	144,441.00		

Annual Statement/Performance and Evaluation Report ATTACHMENT "G" Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: HOUSING AUTHORITY OF LIBERTY		Grant Type and Number Capital Fund Program Grant No: 501-01 Revision 1 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWIDE	ADMINISTRATION	1410		500.00	0.00	0.00	0.00	
	FEES AND COSTS	1430		2,500.00	0.00	0.00	0.00	
	LAWN MOWER	1475		10,000.00	0.00	0.00	0.00	
	SUBTOTAL			13,000.00	0.00	0.00	0.00	
CARMICKLE								
KY73-01	UPGRADE ELECTRICAL	1460		55,000.00	0.00	0.00	0.00	
	INSTALL HVAC	1460		0.00	144,441.00	0.00	0.00	
	SUBTOTAL			55,000.00	144,441.00	0.00	0.00	
RIVERDALE	HVAC IN FAMILY UNITS	1460		76,441.00	0.00	0.00	0.00	
	SUBTOTAL			76,441.00	0.00	0.00	0.00	
	TOTAL			144,441.00	144,441.00	0.00	0.00	

Annual Statement/Performance and Evaluation Report ATTACHMENT "G"
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: HOUSING AUTHORITY OF LIBERTY		Grant Type and Number Capital Fund Program No: 501-01 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
							NO CHANGE IN TARGET DATES
HAWIDE	06/30/2003			06/30/2004			
CARMICHEL							
KY73-01	06/30/2003			06/30/2004			
RIVERDALE							
KY73-03	06/30/2003			06/30/2004			

Annual Statement/Performance and Evaluation Report ATTACHMENT "B"					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
HAName: HOUSING AUTHORITY OF LIBERTY		Grant Type and Number			Federal FY of Grant:
		Capital Fund Program Grant No: 501-02			2002
		Replacement Housing Factor Grant No:			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Total Non - CFP Funds				
	1406 Operations				
	1408 Management Improvements				
	1410 Administration				
	1411 Audit				
	1415 Liquidated Damages				
	1430 Fees and Costs				
	1440 Site Acquisition				
	1450 Site Improvement	40,000.00			
0	1460 Dwelling Structures	104,441.00			
1	1465.1 Dwelling Equipment — Nonexpendable				
2	1470 Non dwelling Structures				
3	1475 Non dwelling Equipment				
4	1485 Demolition				
5	1490 Replacement Reserve				
5	1492 Moving to Work Demonstration				
7	1495.1 Relocation Costs				
8	1499 Development Activities				
9	1501 Collateralization or Debt Service				
0	1502 Contingency				
1	Amount of Annual Grant: (sum of lines 2 – 20)	144,441.00			
2	Amount of line 21 Related to LBP Activities				
3	Amount of line 21 Related to Section 504 compliance				

Annual Statement/Performance and Evaluation Report ATTACHMENT "B"					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
HAName: HOUSING AUTHORITY OF LIBERTY		Grant Type and Number Capital Fund Program Grant No: 501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
4	Amount of line 21 Related to Security – Soft Costs				
5	Amount of Line 21 Related to Security – Hard Costs				
5	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report ATTACHMENT "B"**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

HA Name: HOUSING AUTHORITY OF LIBERTY		Grant Type and Number Capital Fund Program Grant No: 501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CARMICKLE								
KY73-01	ELECTRICAL UPGRADE	1450		40,000.00				
	INSTALL HVAC	1460	32	27,559.00				
	SUBTOTAL			67,559.00				
RIVERDALE								
KY73-03	REPLACE FURNACES - 1BR	1460	24	52,032.00				
	INSTALL HVAC - FAMILY UNITS	1460	8	24,850.00				
	SUBTOTAL			76,882.00				
	TOTAL			144,441.00				

Annual Statement/Performance and Evaluation Report ATTACHMENT "B"**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part III: Implementation Schedule**

HA Name: HOUSING AUTHORITY OF LIBERTY			Grant Type and Number Capital Fund Program No: 501-02 Replacement Housing Factor No:			Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HAWIDE	09/2003			09/2004			
KY73-01	09/2003			09/2004			
KY73-03	09/2003			09/2004			

Capital Fund Program Five - Year Action Plan ATTACHMENT "C"

Part I: Summary

PHA Name HOUSING AUTHORITY OF LIBERTY				<input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 2006
	Annual Statement				
HAWIDE			22,000.00	12,000.00	12,000.00
CARMICKLE					
KY73-01		125,291.00		132,441.00	132,441.00
RIVERDALE		19,150.00	122,441.00		
KY73.03					
CFP Funds Listed for 5-year planning		144,441.00	144,441.00	144,441.00	144,441.00
Replacement Housing Factor Funds					

CapitalFundProgramFive -YearActionPlan

Part II: Supporting Pages — Work Activities ATTACHMENT “C”

Activitiesfor Year1	ActivitiesforYear:_2_ __ FFYGrant:2003 PHAFY:2003			ActivitiesforYear:_3__ FFYGrant:2004 PHAFY:2004		
	Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
See						
Annual	HAWIDE			HAWIDE	ADMINISTRATIO N	2,000.00
Statement					A&EFEEES	10,000.00
	CARMICKLE				MOWER	10,000.00
	KY73-01	BATHROOMUPGRADE	125,291.00		SUBTOTAL	22,000.00
		SUBTOTAL	125,291.00			
				CARMICKLE		
	RIVERDALE			KY73-01	SEWERREPLACEMENT	122,441.00
	KY73-03	HVAC-FAMILYUNITS	19,150.00		SUBTOTAL	122,441.00
		SUBTOTAL	19,150.00			
	TOTALCFP ESTIMATEDCOST		\$144,441.00			\$144,441.00

CapitalFundProgramFive -YearActionPlan

Part II: Supporting Pages — Work Activities ATTACHMENT “C”

ActivitiesforYear:_4_ _ FFYGrant:2005 PHAFY:2005			ActivitiesforYear:_5_ FFYGrant:2006 PHAFY:2006		
Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWor k Categories	EstimatedCost
<i>HAWIDE</i>			<i>HAWIDE</i>		
	<i>ADMINISTRATION</i>	2,000.00		<i>ADMINISTRATION</i>	2,000.00
	A&EFEES	10,000.00		A&EFEES	10,000.00
	SUBTOTAL	12,000.00		SUBTOTAL	12,000.00
CARMICKLE			RIVERDALE		
KY73-01	SITEIMPROVEMENT -LANDSCAPING	5,000.00	KY73-03	SITEIMPROVEMENT -LANDSCAPING	5,000.00
	VCT/CARPET	112,000.00		VCT/CARPET	112,000.00
	REPLACEMENT WINDOWS	15,441.00		REPLACEMENT WINDOWS	15,441.00
	SUBTOTAL	132,441.0		SUBTOTAL	132,441.0
TotalCFPEstimatedCost		\$144,441.00			\$144,441.00

Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Diana Durham

B. How was the resident board member selected: (select one)?

- ☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): 4 years (Thru 10/01/2004)

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: 10/30/2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mr. Steve Sweeney, Mayor, City of Liberty

**Required Attachment E: Membership of the Resident Advisory Board
or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be
unreasonably long, list organizations represented or otherwise provide a description
sufficient to identify how members are chosen.)

Joyce McDowell
Diana Durham
Ethel Estes
Hope Metz
Deana Dial

ATTACHMENT H: DECONCENTRATION

Component 3, (6) Deconcentration and Income Mixing

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

ATTACHMENT "T"

Statement of Progress in Meeting the 5 -Year Plan Mission and Goals

PHA Goal: Improve the quality of assisted housing
Objective: Improve PHAS score 5 points by FYE 2004
Accomplished: 2 point increase in PHAS score for FYE 2000

PHA Goal: Provide improved living environment
Objective: Implement public housing security improvements: with improved lighting
Accomplished: Installed new porch lighting in KY073 -003 and KY073 -001 and repaired
nightlights in KY073 -001 and Street Lights in KY073 -003.

PHA Goal: Provide improved living environment
Objective: Upgrade property buildings
Accomplished: HVAC work all units and bathroom upgrades in KY073 -001 scheduled
for
This year under CAP.

ATTACHMENT "J"**VOLUNTARY CONVERSION INITIAL ASSESSMENT**

- a) How many of the PHA's developments are subject to the Required Initial Assessments? TWO
- b) How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? ZERO
- c) How many Assessments were conducted for the PHA's covered developments? TWO
- d) Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development No. & Name	Conversion Appropriate?
KY073-001, Carmicle View	NO
KY073-003, Riverdale Apts.	NO

- e) If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.
- f) Description of reasoning behind Initial Assessment: It is the belief of the H.A. of Liberty that it would be more expensive to operate as a tenant-based assistance. We believe we operate much more efficiently as Public Housing.